

RECEIVED
CENTRAL FAX CENTER

FEB 04 2004

OFFICIAL

GIFFORD, KRASS, GROH, SPRINKLE,
ANDERSON & CITKOWSKI, P.C.
280 N. Old Woodward Avenue, Suite 400
Birmingham, Michigan 48009-5394

(248) 647-6000
FACSIMILE (248) 647-5210
info@patlaw.com
FACSIMILE TRANSMISSION

jb

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Daniel Joseph Ondrus

Serial No.: 09/544,423

Group Art Unit: 1734

Filing Date: April 6, 2000

Examiner: George R. Koch

For: METHOD FOR FORMING A JOINT

TO: Examiner George R. Koch

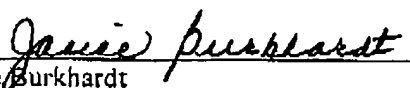
FROM: Beverly M. Bunting


PAGES: 17 (including cover sheet)

DOCUMENTS BEING FAXED: Amendment Transmittal Letter and Amendment

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this document for Application Serial No. 09/544,423 is being facsimile transmitted to the United States Patent Office via facsimile (703) ~~905-7718~~, Attention: Examiner George R. Koch, Group 1734, on February 2, 2004. **872-9306**


Janice Burkhardt

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FGT-10802/44	
Applicant(s): Daniel Joseph Ondrus					
Serial No. 09/544,423	Filing Date April 6, 2000	Examiner George R. Koch		Group Art Unit 1734	
Invention: METHOD FOR FORMING A JOINT					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">  Beverly M. Bunting Reg. No. 36,072 Gifford, Krass, Grob, Sprinkle, Anderson & Citkowski, P.C. 280 N. Old Woodward Avenue, Suite 400 Birmingham, MI 48009 248-647-6000 </div> <div style="width: 45%; text-align: right;"> Dated: February 2, 2004 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> cc: </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div> </div>					